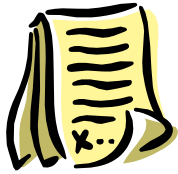


STATE OF MINNESOTA

FOURTH JUDICIAL DISTRICT

COUNTY OF HENNEPIN

DISTRICT COURT



## CIVIL RECORD REQUEST

**Party(s) Name:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Range:**      **From** \_\_\_\_\_ **to** \_\_\_\_\_

**Describe the information you are searching for:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested by:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Mail this request with the fee of \$8.00 (plain copy) or \$14 (certified copy) per name to:**

Hennepin County District Court  
MC 332 Government Center  
300 South Sixth Street  
Minneapolis, MN 55487-0332  
Attn: Civil Filing

**Please make check payable to “District Court Administrator.”**